



RECORD THE FACTS

(Who, What, Where, When & Witnesses)

If you believe an employer representative violated the law, please complete this form and return it to your IAMAW Representative immediately. Be as specific as you can about the incident and include direct quotes if possible.

On or about _____, 20____, at _____, in or near
(Date) (Time)

(Location)

the following employer representative(s) _____
(Name and Title)

were involved in the incident described below;

(Attach additional information if necessary)

This incident was witnessed by;

(Name of witness)

Name: _____
(Print) (Sign)

Address: _____

City: _____ State: _____ Zip _____

Date of Statement: _____ Phone: _____

(All identifying information will be kept confidential)